

Recommendations for Hospitalized Patients Being Discharged to a Long-Term Care Facility During the COVID-19 Pandemic

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- The Virginia Department of Health, in alignment with [CDC Interim Infection Prevention and Control Recommendations for Healthcare Personnel During the Coronavirus Disease 2019 \(COVID-19\) Pandemic](#), has created a simplified flow chart to inform discharge planning between hospitals and long-term care facilities.
- Implementation of these recommendations will be influenced by many factors, including testing resource availability, [Community Transmission](#) levels, and clinical decision making.
- **In general**, admissions to facilities in counties where [Community Transmission](#) levels are **high** should be tested upon admission. Admission testing at lower levels of Community Transmission is at the discretion of the facility.

Flow Diagram for Hospitalized Patients Being Discharged to a Long-Term Care Facility (LTCF)*

Does the hospitalized patient have a documented COVID-19 diagnosis?^

DISCONTINUATION OF TBP FOR COVID-19†

Test was
positive

Does patient meet criteria for
discontinuation of TBP per [CDC guidance](#)?¹

Yes

Transfer to medically
appropriate facility.

No

Transfer to medically appropriate
facility able to follow [CDC guidance](#)
for care of patients with COVID-19.²

Test was
negative

Transfer to medically appropriate facility
able to follow [CDC guidance](#) for managing
new admissions/readmissions.^{3,4}

Unknown/
not tested

Does patient have
signs/symptoms of
COVID-19?

No

Yes

Obtain SARS-CoV-2
viral test results and
repeat algorithm.

Discharge should be based on clinical status and the ability of an accepting facility to meet care needs and adhere to infection prevention and control practices. To facilitate appropriate placement in the post-acute setting, LTCFs and their local hospitals are encouraged to develop a plan for SARS-CoV-2 testing prior to patient discharge. However, a **negative SARS-CoV-2 viral test is not a requirement for discharge**.

1. Meeting criteria for discontinuation of **transmission-based precautions (TBP)** is not a prerequisite for discharge; see [CDC guidance](#) on discontinuation of TBP for COVID-19 positive patients in healthcare settings.
2. Discuss with facility to determine if patients who require aerosolizing procedures, e.g. nebulizer treatment, are appropriate for transfer.
3. **Testing is not required prior to transfer.** New admissions or readmissions to long-term care facilities who have been outside the facility >24 hours should be managed as an admission. Unless a resident has recovered from SARS-CoV-2 infection in the prior 30 days, testing is recommended at admission and, if negative, again 48 hours after the first negative test and, if negative, again 48 hours after the second negative test. They should also be advised to wear source control for the 10 days following their admission.
4. Empiric TBP is generally not necessary for admissions/readmissions, **if the resident is asymptomatic**, but can be considered if the resident is unable to be tested or wear source control, is moderately to severely immunocompromised or resides on a unit with others who are moderately to severely immunocompromised, or resides on a unit experiencing ongoing SARS-CoV-2 transmission that is not controlled with initial interventions.*Nursing homes are licensed by the Virginia Department of Health, [Office of Licensure and Certification](#). Assisted living facilities are licensed by the [Virginia Department of Social Services](#). Consider discussing transfer concerns with licensing entity. ^Diagnosis should be via FDA-authorized direct viral assay to detect SARS-CoV-2.